INTERPRETADERS DESCRIPTION NUMBER  A45275  NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF JEFFERSON CITY  SYMMET ADDREWS, CITY, STATE, ZIP CODE 338 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TO 37760  SUMMARY STATEMENT OF DERICIENCES TAG. DERICHTORY OR LISC DENTIFYING INFORMATION)  K 062  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and lested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m., and 2:16 p.m. revealed the following:  1. Physical therapy sprinkler head is not in the correct orientation.  2. Shower room at nursing station 2 has mixed sprinkler heads. 1 of 4 standard response sprinkler heads in 6 of 4 standard response sprinklers is mixed with quick response sprinkler heads in 6 of 4 standard response sprinkler heads. 1 of 4 standard response sprinklers is mixed with quick response sprinkler heads in 6 of 4 standard response sprinkler heads. 1 of 4 standard response sprinkler heads in 6 of 4 standard response sprinklers in mixed with quick response sprinkler heads in 6 of 4 standard response sprinklers.  3. Underneath the porch area from the exit discharage by laundry, the side wall sprinkler ines.  5. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  6. In the attic above the corridor by room 104, wires are zipped tied to the sprinkler lines.  7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head proceeding by the fire doors by the ad			AND HUMAN SERVICES & MEDICAID SERVICES	4	う ルンバンピー Fi	TED: 03/16/2016 ORM APPROVED
STREET ADDRESS, CITY, STATE, ZIP CODE 338 WEST OLD ANDREW JOHNSON HWY SEPTEMBOR CENTER OF JEFFERSON CITY    CXI   D	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		FIPLE CONSTRUCTION (X3	) DATE SURVEY
LIFE CARE CENTER OF JEFFERSON CITY  SUMMARY STATEMENT OF DEPOSEDCES (EACH DEPICE OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BE PRECEDED BY THULL (FROM COMPACT OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BE PRECEDED BY THULL (FROM COMPACT OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BE PRECEDED BY THULL (FROM COMPACT OF MISST BE PRECEDED BY THULL (FROM DEPOSEDCE OF MISST BY THULL (FROM DEPOSEDCE OF MISST BY THULL (FROM DEPOSEDCE OF MISST BY THE			445275	B. WING		03/08/2015
SUMMARY STATEMENT OF DEFICIENCY STATES   PRECIDED BY FULL   PROVIDERS PLAN OF CORRECTION   PREFIX TAG	NAME OF	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	
REGULATORY OR LSC IDENTIFYING INFORMATION)  K 062  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:  1. Physical therapy sprinkler head is not in the correct orientation.  2. Shower room at nursing station 2 has mixed sprinkler heads and institution office, wires are zipped tied to the sprinkler lines.  3. Underneath the porch area from the exit discharge by laundry, the side wall sprinkler is corrocted.  4. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  5. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  6. In the attic above the corridor by room 109, wires are zipped tied to the sprinkler lines.  7. In the attic above the corridor by room 114, sprinkler head is obstructed by insulation fallen over too of the sprinkler head on insulation fallen over too of the sprinkler head on insulation fallen over too of the sprinkler head on insulation fallen over too prinkler head on insulation fallen over too of the sprinkler head on insulation fallen over the orthicker head and insulation fallen over the other sprinkler head on obstructed by insulation fallen over the orthicker head in the sprinkler head is obstructed by the deficient practice?  1. Sprinkler company will be contacted to correct the orientation of the sprinkler heads in the theta the the accomplished for those residents found to have been affected by the deficient practice?  1. Sprinkler company will be contacted to correct the orientation of the sprinkler heads in the unit of t	LIFE CA	RE CENTER OF JEFF	ERSON CITY			
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:  Physical therapy sprinkler head is not in the correct orientation.  Shower room at nursing station 2 has mixed sprinklers is mixed with quick response sprinklers is mixed with quick response sprinklers is mixed with quick response sprinklers.  Junderneath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded.  A. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  In the attic above the corridor by room 104, wires are draped over the sprinkler lines.  In the attic above the corridor by room 104, wires are draped over the sprinkler line.  Tin the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.  To the attic above the corridor by room 104, wires are draped over the sprinkler line.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLETION
This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:  1. Physical therapy sprinkler head is not in the correct orientation.  2. Shower room at nursing station 2 has mixed sprinklers is mixed with quick response sprinklers.  3. Underneath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded.  4. Above the drop celling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  5. Above the drop celling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  6. In the attic above the corridor by room 109, wires are zipped tied to the sprinkler lines.  7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head protecting the eaves.		Required automatic continuously mainta condition and are in periodically. 19.7.	sprinkler systems are ined in reliable operating spected and tested	К 0	What corrective action(s) will be accomplished for those residents four to have been affected by the deficient	ad
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE	<b>BORATORY</b>	Based on observatifacility failed to mair system and its compared to mair system and its compared to be servation on Manand 2:16 p.m. revea 1. Physical therapy correct orientation. 2. Shower room at sprinkler heads. 1 of sprinklers is mixed varinklers. 3. Underneath the discharge by laundy corroded. 4. Above the drop administration office sprinkler lines. 5. Above the drop of the sprinkler head is obsover top of the sprinkler head is obsover top of the sprinkler head is other sprin	con, it was determined that the stain the automatic sprinkler conents.  ch 8, 2015 between 9:30 a.m. led the following: / sprinkler head is not in the nursing station 2 has mixed 4 standard response with quick response the sprinkler line with corridor by the sprinkler line.  The tructed by insulation fallen control of the sprinkler line with head and insulation fallen control of the spray pattern of the protecting the spray pattern of the sprinkler line with the spray pattern of th	ATTI IDE	correct the orientation of the sprinkler head in PT, replace the standard response prinkler heads in the Unit 2 shower rowith quick response—thus making all of them in the room of uniform style, replaying the corroded side wall sprinkler underneath the porch area from the exit outside laundry, and move the sprinkler head by the Unit 1 nurses' station outside head by the Unit 1 nurses' station outside the shower room so that it is placed at least 5 inches away from the wall. This will be completed by 4/24/15.  2. On 3/8/15, the Maintenance department corrected the issue with wires that were zip tied to sprinkler lines in the location above the drop ceiling by both the fire doors by the administration office and be room 109.  3. On 3/8/15, the Maintenance Department removed the insulation that was obstructing the two sprinkler heads and their spray patterns located in the at above the corridor by room 113.  4. On 3/8/15, the Maintenance department removed the wires that were draped over the sprinkler line located in the attic about the corridor by room 104.	se om of ace de

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other speguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 03/16/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)  How will you identify other residents		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION 01 - MAIN BUILDING 01		E SURVEY PLETED
LIFE CARE CENTER OF JEFFERSON CITY  SIMMANY STATEMENT OF DEFICIENCY  REGULATORY OR LIST DENIFFING INFORMATION)  K 062  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and rested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility falled to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following: 1. Physical therapy sprinkler head is not in the correct orientation. 2. Shower room at nursing station 2 has mixed sprinkler heads. It of a standard response sprinklers is mixed with quick response sprinklers. 3. Underneath the porch area from the exit discharge by laundry, the side wall sprinkler is comoded. 4. Above the drop ceiling by the fire doors by the administration office, wires are zipped lied to the sprinkler lines. 5. Above the drop ceiling in the corridor by room 109, wires are zipped lied to the sprinkler lines. 6. In the attic above the corridor by room 109, wires are zipped lied to the sprinkler lines. 7. In the attic above the corridor by room 101, sprinkler head is obstructed by insulation fallen over top of the sprinkler lines. 8. Above the drop ceiling in the corridor by room 109, wires are zipped used over the sprinkler lines. 9. Above the drop ceiling in the corridor by room 109, wires are zipped died to the sprinkler lines. 9. Above the drop ceiling in the corridor by room 101, sprinkler head is obstructed by insulation fallen over top of the sprinkler lines. 9. Above the drop ceiling in the corridor by room 101, sprinkler head is obstructed by insulation fallen over top of the sprinkler lines. 9. The Maintenance Director/designee will report findings of the audits to the interdisciplinary P1 committee for 12 weeks or until 100% compliance is achieved.			445275	B. WING	_		03/	08/2015
FREEN TAG DEFICIENCY MUST BE PRECEDED BY PEUL PRECEDENT FYING INFORMATION)  K 062 SSEP Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility falled to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:  Physical therapy sprinkler head is not in the correct orientation.  Shower room at nursing station 2 has mixed sprinkler is mixed with quick response sprinklers is mixed with quick response sprinklers is mixed with quick response sprinklers.  Jundemeath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded.  A bove the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines.  The thick the date is obstructed by insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head and insulation fallen over top of the sprinkler head protecting the saves.			ERSON CITY	·	3	36 WEST OLD ANDREW JOHNSON HWY		<u> </u>
K 062 NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility falled to maintain the automatic sprinkler system and its components.  The findings include:  Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following: 1. Physical therapy sprinkler head is not in the correct orientation. 2. Shower room at nursing station 2 has mixed sprinkler heads, 1 of 4 standard response sprinklers is mixed with quick response sprinklers is mixed with quick response sprinkler lines. 3. Underneath the porch area from the exit disoharge by laundry, the side wall sprinkler is corroded. 4. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines. 5. Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines. 6. In the attic above the corridor by room 109, wires are draped over the sprinkler lines. 7. In the attic above the corridor by room 104, wires are draped over the sprinkler lines to other corridor by room 113, 1 sprinkler head is obstructed by insulation fallen partially down and obstructing the spray pattern of the other sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head and order the deficient practice designed with approved materials, and by approved personnel.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?  The Maintenance Director/designee will conduct a monthly audit involving an inspection of our facility	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	8E	(%6) COMPLETION DATE
partially down and obstructing the spray pattern of the other sprinkler head protecting the eaves.		Required automatic continuously maints condition and are in periodically. 19.7 9.7.5  This STANDARD is Based on observatifacility failed to main system and its common the findings included to the findings included. Physical therap correct orientation.  Shower room a sprinkler heads. 1 cosprinklers is mixed sprinklers.  Underneath the discharge by laundre corroded.  Above the drop administration office sprinkler lines.  Above the drop 109, wires are zipped. In the attic above wires are draped ov 7. In the attic above sprinkler head is observed.	sprinkler systems are ained in reliable operating ispected and tested .6, 4.6.12, NFPA 13, NFPA 25, so not met as evidenced by; ion, it was determined that the intain the automatic sprinkler ponents.  The control of the following:  The system of the system of the system of the exit of the side wall sprinkler is ceiling by the fire doors by the cymes are zipped tied to the ceiling in the corridor by room and tied to the sprinkler lines. The structed by insulation fallen is sprinkler line.	K 0	062	How will you identify other reside having the potential to be affected the same deficient practice?  Maintenance Department will example facility to ensure there are no additionally failures to maintain the automatic sprinkler system and its' component Any areas found will be repaired/reguith approved materials, and by appressonnel.  What measures will be put into plus what systemic changes will be made ensure that the deficient practice conduct a monthly audit involving a inspection of our facility and attic sprogram of our facility and attic sprogram will be monitored to ensure the deficient practice will not re-occur, i.e., what quality assurance program will be into place?  The Maintenance Director/designee report findings of the audits to the interdisciplinary PI committee for 12 weeks or until 100% compliance is	ine the chal s. colaced ace or le to loes will neace	4/24/15
		partially down and o the other sprinkler h	bstructing the spray pattern of ead protecting the eaves.					

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LCC JEFFERSON CITY

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING O1 - MAIN BUILDING 04 COMPLETED 445275 B. WING 03/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 4/24/15 NFPA 101 LIFE SAFETY CODE STANDARD The Performance Improvement committee K 062 K 062 SS=F includes the Executive Director, Director Required automatic sprinkler systems are of Nursing, Medical Director, Consultant continuously maintained in reliable operating Pharmacist, Director of Rehabilitation condition and are inspected and tested Services, Director of Health Information, periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, Director of Social Services, Director of 9.7.5 Food Services, Director of Maintenance, Staff Development Coordinator, Skilled MDS Coordinator, Director of Environmental Services, and other This STANDARD is not met as evidenced by: Based on observation, it was determined that the Interdisciplinary team members. The PI facility failed to maintain the automatic sprinkler committee will review the results of these system and its components. audits. If deemed necessary by the committee, the process will be The findings include: evaluated/revised. Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following: Physical therapy sprinkler head is not in the correct orientation. Shower room at nursing station 2 has mixed sprinkler heads. 1 of 4 standard response sprinklers is mixed with quick response sprinklers. Undemeath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines. Above the drop calling in the corridor by room. 109, wires are zipped tied to the sprinkler lines. 6. In the attic above the corridor by room 104, wires are draped over the sprinkler line. 7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head protecting the eaves.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W72021

Facility ID: TN4503

EXPORTING

(X8) DATE

## PRINTED: 03/16/2015

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A, BUILDING 01 - MAIN BUILDING 01 445275 R WING 03/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ΙD (X4) ID COMPLÉTION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4/24/15 K 062 | Continued From page 1 K 062 Sprinkler head at nursing station 1 outside of the entrance to the shower room is within 4 inches of the wall. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 8, 2015. NFPA 25 2-2.1.1\*, 2-2.1.2\*, 2-2.2, 5-6.3.3 C/O #35776 K072 NFPA LIFE SAFETY CODE K 072 NFPA 101 LIFE SAFETY CODE STANDARD 4/24/15 SS=D STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant What corrective action(s) will be use in the case of fire or other emergency. No accomplished for those residents found furnishings, decorations, or other objects obstruct to have been affected by the deficient exits, access to, egress from, or visibility of exits. practice? 7.1.10 On March 8, 2015 in the late afternoon numerous associates removed wheelchairs and lifts from inappropriate storage by This STANDARD is not met as evidenced by: room 221-232 and by room 207, and Based on observation, it was determined that the ensured items were stored appropriately. facility failed to have the means of egress free from obstructions and impediments. How will you identify other residents having the potential to be affected by The findings include: the same deficient practice? Observation on March 8, 2015 at 9:00 a.m. ED met with DON, Maintenance Director, revealed wheel chairs and lifts were being stored by room 221 through 232 and by room 207 when Unit Manager, Treatment Nurse, Director not in use. At 2:30 p.m. the lifts and wheel chairs of Rehabilitation, Dietary Manager, and were still stored in the same locations and not Central Supply on 3/25/15 and the team relocated or moved out of the corridor until the identified appropriate storage areas for fire drill was initiated. needed equipment.

This finding was verified by the maintenance

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DAT	(X3) DATE SURVEY COMPLETED	
		445275	B. WING_		03/	08/2015	
ŀ	PROVIDER OR SUPPLIER	ERSON CITY		STREET ADDRESS, CITY, STATE, ZIP COD 336 WEST OLD ANDREW JOHNSON H JEFFERSON CITY, TN 37780	E	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH GROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 072	Continued From pa director and acknow during the exit confi	ge 2 wedged by the administrator erence on March 8, 2015.	K 07	What measures will be put in what systemic changes will be ensure that the deficient praction recur?	e made to	4/24/15	
				Department heads were inservi on 3/26/15 and associates in all facility departments will be ins the DON/SDC/Maintenance on appropriate storage areas for ea as well as the requirement that furnishings, decorations, or oth can obstruct access to, egress fi visibility of exits.	other erviced by 3/27/15 on juipment, no er objects		
		·	:	SDC/Maintenance Department Manager will perform a daily a hallways to ensure all means of maintained free from obstruction impediments, and any issues wimmediately addressed.	udit of our egress are ons and/or		
				How will the corrective action monitored to ensure the deficing practice will not re-occur, i.e. quality assurance program winto place?	ient , what	,	
			: : : : :	The Maintenance Director/desi report findings of the audits to interdisciplinary PI committee 3 months or until 100% complianchieved.	the monthly for		
				The Performance Improvement includes the Executive Director of Nursing, Medical Director, (	r, Director		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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PRINTED: 03/16/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

445275

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

B. WING

03/08/2015

FORM APPROVED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IFE CA	RE CENTER OF JEFFERSON CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760	,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
K 072	Continued From page 2 director and acknowledged by the administrator during the exit conference on March 8, 2015.	K 072	Pharmacist, Director of Rehabilitation	4/24/15